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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/787,485	02/26/2004	Simon Chang	N1085-00199 [TSMC2003-04	7010
54657 DUANE MOR	7590 05/22/200 RIS LLP		EXAMINER	
IP DEPARTM	,		ADAMS, GREGORY W	
30 SOUTH 17TH STREET PHILADELPHIA, PA 19103-41		4.	ART UNIT	PAPER NUMBER
			3652	
			MAIL DATE	DELIVERY MODE
			05/22/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)			
Interview Summary	10/787,485	CHANG ET AL.			
merrien Cummary	Examiner	Art Unit			
	Gregory W. Adams	3652			
All participants (applicant, applicant's representative, PTO personnel):					
(1) <u>Gregory W. Adams</u> .	(3)				
(2) Mark J. Marcelli, Applicants Representative.	(4)				
Date of Interview: 09 May 2007.					
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)□ applicant's representative]					
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.				
Claim(s) discussed: 1.					
Identification of prior art discussed: Peiter.					
Agreement with respect to the claims f) was reached.	ı)⊠ was not reached. h)□ N				
Substance of Interview including description of the general reached, or any other comments: <u>Discussed Peiter as it re</u>	nature of what was agreed to lates to vertical openings. No a	if an agreement was agreement was reached.			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w	reed would render the claims rould render the claims			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.					
		HAWFORD TENT EXAMINER			
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required			